

SECRETRecommendations

Following are a number of recommendations applicable to the Office of Medical Services as a whole or to a particular Headquarters component or field facility. The attached tab in which the recommendation is discussed is identified in brackets. Other recommendations for action by the D/MS are contained in the individual sections of the paper.

We recommend that:

DCI Action

A1: The DCI direct that the Deputy Director for Administration issue a policy statement in coordination with the General Counsel which updates the mission of the Office of Medical Services and spells out the medical rights and benefits of Agency employees and their dependents

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Approved ()

Disapproved ()

Director of Central Intelligence

A2: The DCI issue an overall Agency policy statement on alcoholism which includes conditions for continued employment in the CIA due to alcoholism. This policy statement is to be prepared by the Deputy Director for Administration and coordinated with the Director of Medical Services. [The Agency Alcoholism Program]

Approved ()

Disapproved ()

Director of Central Intelligence**SECRET**

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(A3: The DCI issue a policy statement to be prepared by the General Counsel in coordination with the Deputy Director for Administration and the Director of Medical Services, concerning malpractice that:

(a) Appropriately references the Agency malpractice legislation.

(b) Broadly defines the scope of duties for purposes of malpractice protection by Agency health personnel including but not limited to physicians, medical services officers and nurses to include all emergency, good Samaritan, [REDACTED]

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[REDACTED] treatment and advice without regard to where or on whom such acts are performed.

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(c) Clarifies that the scope of duties recognized for purposes of malpractice does not authorize routine performance of professional services in a manner that is in conflict with an employee's job description, nor is it intended to routinely extend Agency health services to individuals not entitled to receive such services.

[Medical Consultant Report]

Approved ()

Disapproved ()

Director of Central Intelligence

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DDCI Action

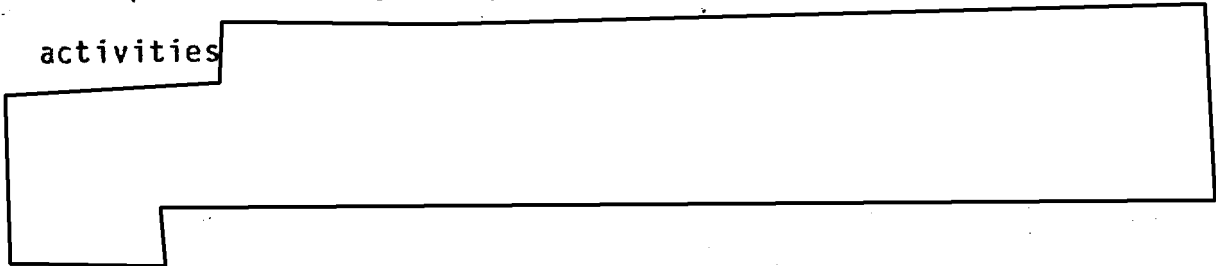
B1: The DDCI meet with the Deputy Secretary of State to discuss improvements in the State-Agency medical relationship, including a revised Memorandum of Understanding for implementation by D/MS/CIA and M/MED/State. (This recommendation has already gone forward in separate correspondence.)* [Field Operations Division]

Approved ()

Disapproved ()

Deputy Director of Central Intelligence

B2: The DDCI direct the Deputy Director for Administration to expand the survey of Agency psychological testing and assessment activities



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Approved ()

Disapproved ()

Deputy Director of Central Intelligence

*Action was assigned by (then) DDCI Carlucci to (retired) DDA Wortman. The DDCI and DDA then deferred to D/MS to make direct contact with the State Department to begin resolution of the problems cited. We suggest reconsideration and initial action by DDCI Inman.

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DDA Action

C1: The DDA consider converting the two senior part-time CCCR positions to regular staff positions. [The Center for Counterterrorism and Crisis Response]

C2: The DDA convene a meeting with D/MS, Chief, CCCR, the DDO, D/FBIS, D/OC, D/OTS, DTE, and other appropriate component chiefs or their representatives to determine the ground rules for providing hostage survival and related training. [The Center for Counterterrorism and Crisis Response]*



*OMS notes that the Terrorist Assessment Group chaired by the SSA/DDA is already addressing this issue.

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D1: The DDO in coordination with the Office of Medical Services, Office of Communications and other appropriate components review procedures for briefing personnel prior to overseas assignment to ensure that they are provided with up-to-date information on the difficulties, as well as the benefits of serving at their posts of assignment; where feasible, Headquarters 25X1 should arrange post briefings for spouses of employees heading overseas. [Stress Factors Overseas and Field Reports]*

*The issue is being addressed by a current OMS Management by Objective (MBO).

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D/PPPM Action

E1: The D/PPPM in coordination with Director of Medical Services and Director of Finance review and clarify administrative procedures to insure prompt receipt of health and insurance benefits by employees. [Overseas Medical Staff and Facilities]

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D/MS ActionManagement

F1: The D/MS regularize qualitative review of OMS doctors' performance, through periodic trips to overseas posts by himself or his Deputy. [Office of the Director]

F3: The D/MS review the option of having Agency psychiatrists serve as RMOs. [Psychiatric Division]

F4: The D/MS ensure that OMS stress studies contain specific recommendations for management consideration. [Psychiatric Division]

F5: The D/MS review and reaffirm the requirements for RMO travel. [Overseas Medical Staff and Facilities]

F6: The D/MS evaluate the possibility of a further decline in military medical support overseas and plan for alternatives in such an eventuality. [Overseas Medical Staff and Facilities]

Personnel

F7: The D/MS review the requirements for overseas Agency personnel and dependents to undergo physical examinations at Headquarters and establish appropriate standards based on area of service, age and sex. [Overseas Medical Staff and Facilities]

F8: The D/MS consider reducing the number of career service panels in OMS. [Personnel]

F9: The D/MS review the status of OMS contractors particularly with a view toward reducing the number assigned to PD. [Personnel]

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Operations

F10: The D/MS, in coordination with other appropriate senior officials, review training and orientation requirements for RMOs, to ensure that they have a grounding in [REDACTED] 25X1

[REDACTED] capabil- 25X1
ities and techniques; and procedures relevant to insurance coverage, medical evacuation and other medical administrative matters. [Field Operations Division]

[REDACTED] 25X1

Screening

F12: The D/MS consider expanding screening and selection procedures for employees and dependents [REDACTED] to include particularly stressful posts outside the Iron Curtain. [Psychiatric Division and Stress Factors Overseas]

F13: The D/MS undertake a study of the merits of screening dependents of applicants for overseas programs. [Screening]

Training

F14: The D/MS encourage management training of selected middle-rank OMS physicians. [Office of the Director]

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F15: The D/MS conduct a study on acquiring certification or providing training to medical services officers and nurses to have them certified (or documented) as Physician's Assistants and Nurse Practitioners, respectively. [Personnel]

Reviewed for
documentation
6/1/81
[Signature]

Alcoholism Program

F16: The D/MS ensure that relevant information on identified alcoholics is entered in medical files and that control procedures are developed to ensure that the senior manager of a sensitive activity for which an individual is proposed is aware of his total medical history. [The Agency Alcoholism Program]

F17: The D/MS be advised of all decisions to clear persons with a history of alcoholism for overseas service. [The Agency Alcoholism Program]

5/26/81
[Signature]

ADP

F18: The D/MS and D/ODP/DDA review the current status and future direction of ADP systems development in OMS to improve planning for new systems and enhance ODP support to OMS. [Field Operations Division]

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